

Communicator Lobbyist Report of  
Unreimbursed Expenditures and Necessary  
Expenses (2005/2006)  
Pursuant to Chapter 10, Part II  
General Statutes  
ETH-2B  
(Revised 1/06)

STATE OF  
CONNECTICUT  
OFFICE OF  
STATE ETHICS  
18-20 Trinity Street, Suite 205  
Hartford, CT 06106-1660  
Tel: (860) 566-4472

**IMPORTANT! Failure to file an accurate required report on time subjects the registrant to possible penalties of up to \$10,000 for each delinquent report.**

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**INDIVIDUAL COMMUNICATOR OR BUSINESS ORGANIZATION**

Name of Individual Communicator or  
Member of Business Organization:

Business Address:

City:  State:  Zip:

Business Organization: List names of  
members on whose behalf report is filed:

Contact person:

Telephone:  Ext:  E-mail address:

Client Lobbyist Represented:

Year Form Completed For:

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**PERIOD FILED FOR:**

| TYPE           | QUARTER                      |                              |                                  | MONTH                        |                              |                              |                              |                              |                               |
|----------------|------------------------------|------------------------------|----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| Administrative | 1st<br><input type="radio"/> | 2nd<br><input type="radio"/> | 3rd-4th<br><input type="radio"/> |                              |                              |                              |                              |                              |                               |
| Legislative    | 1st<br><input type="radio"/> | 2nd<br><input type="radio"/> | 3rd-4th<br><input type="radio"/> | Jan<br><input type="radio"/> | Feb<br><input type="radio"/> | Mar<br><input type="radio"/> | Apr<br><input type="radio"/> | May<br><input type="radio"/> | June<br><input type="radio"/> |
|                |                              |                              |                                  | Jul<br><input type="radio"/> | Aug<br><input type="radio"/> | Sep<br><input type="radio"/> | Oct<br><input type="radio"/> | Nov<br><input type="radio"/> | Dec<br><input type="radio"/>  |

**TERMS OF COMPENSATION**

**Please note: Changes in terms of compensation by a communicator lobbyist MUST be filed as an amendment to the registration.**

**UNREIMBURSED EXPENDITURES PER PERSON PER OCCASION FOR BENEFIT OF PUBLIC OFFICIAL IN LEGISLATIVE BRANCH OR EXECUTIVE BRANCH OR FOR MEMBERS OF OFFICIAL'S STAFF OR IMMEDIATE FAMILY**

**To determine what expenditures must be itemized and what benefits are permissible, consult the 2005/2006 Communicator Lobbyist Information Guide.**

Include:

- a. All reportable expenditures for benefit of Public Official, etc., in furtherance of lobbying.
- b. All other reportable expenditures for benefit of Public Official, etc., unrelated to lobbying (e.g., a wedding gift to a personal friend who happens to be a Public Official).

**Circumstance of transaction:**

Check if Unrelated to Lobbying ☐

Check if Related to Lobbying ☐

**CHECK APPROPRIATE BOXES  
BELOW:**

| Legislative Reception    | Other Food & Drink       | Necessary Expense/Gift to State | Charitable/Civic Event   | Plaque/Award             | Gift/Major Life Event    |
|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date:

Location:

Lobbyist in attendance:

Detailed description:

Check if shared with other lobbyists: ☐

List names of all other lobbyist donors and percent paid by each:

**Reportable Beneficiary**

Name:

Title:

Agency:

**ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW)**

Food & Drink:

Plaque/Award:

Gift/Major Life Event:

Waived Fee:

Transportation Cost:

Lodging Cost:

**Circumstance of transaction:**Check if Unrelated to Lobbying ☐Check if Related to Lobbying ☐**CHECK APPROPRIATE BOXES****BELOW:**

| Legislative Reception    | Other Food & Drink       | Necessary Expense/Gift to State | Charitable/Civic Event   | Plaque/Award             | Gift/Major Life Event    |
|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date: Location: Lobbyist in attendance: Detailed description: Check if shared with other lobbyists: ☐

List names of all other lobbyist donors and percent paid by each:

**Reportable Beneficiary**Name: Title: Agency: **ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW)**Food & Drink:  Plaque/Award:  Gift/Major Life Event: Waived Fee:  Transportation Cost:  Lodging Cost: 

**I do hereby certify under penalty of false statement that I make this report in accordance with the requirements of Chapter 10, Part II, General Statutes, and that this is a complete and accurate itemized statement which contains all the information required by said Part for the period shown.**

Signature of Authorized Individual Communicator  
Lobbyist or Member of Business Organization: